	/EL EX	PENSE CLAIN	Л			uctions a					Page	. 1	of	/
CLAIMANT'S NAME						nt on Reverse Side SSAN OR EMPLOYEE NUMBER DEPARTM					Page 1 of 1			
Francisco Castillo						Comm					unications	S		
a secondario vas						DIVISION OR BUREAU						INDEX NUME	BER	
Deputy Press Secretary RESIDENCE ADDRESS						HEADQUARTERS ADDRESS					TELEPHONE NUMBER			
State Capitol											TELEPHONE NUMBER			
CITY	присот	STATE	, , , , , , , , , , , , , , , , , , , ,	ZIP		CITY				STATE		L	ZIP	
Sacran	nento	CA		95814										
			MEALS					TRANSPORTAT		TION				
	THYEAR	LOCATION								CARFARE,			BUSINESS	TOTAL
Oct-09	TIME	WHERE EXPENSES  WERE INCURRED	LODGING	BREAKFAST	LUNCH		INCIDENTALS	COST OF		TOLLS,		CAR USE	EXPENSE	EXPENS
DATE	TIME	WERE INCORRED	-	BREAKFAST	LUNCH	DINNER		TRANS.	TYPE USED	PARKING	MILES	AMOUNT		FOR DA
25-Oct	10AM	Sac- Long Beach	263.50					301 20			10	4.45		569
26-Oct		Long Beach	263 50			15.17		ľ						284
27-Oct	ļ	Long Beach	263.50			10 78	6 00							280
28-Oct	HAM	Long Beach-Sac		2.02			6.00				10	4.45		12.
														12.
			1											0.0
31-Oct		Oak - Bur	154.01					301.20			113	50 29		505.
1-Nov	3:30p	Bur - Oak						34.92		30.00	113	50 29		115.2
														0.0
												0.00		
												0.00		0.0
												0.00		0.0
												0.00		0.0
												0 00		0.0
	SUDT	OTALS	044.61	2.02	0.00	26.06	10.40	/32.02				0.00		0.0
SUBTOTALS 944 51 2 02 COLUMN CODE (ACCTG. USE ONLY)				0.00	25.95	18.00	637.32	0.00	30 00	246	109 48	0 00		
	CLAIM	TOTAL											\$1,76	57.28
PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)											NORMAL WORK HOURS			
10/25-28: Staffed First Lady at Women's Conference														
0/31-11/1: Sstaffed First Lady at Alzheimer's Association Memory Walk											PRIVATE VEHICLE LICENSE NUMBER			
										MILEAGE RATE CLAIMED				
											0.445			
HERFBY (	CERTIFY, The	at the above is a true state	ement of the tr	ravel expense	s incurred b	y me in accor	gance with D	PA rules in th	ne service of	he State of	AGENO	Y ACCOL USE (		FFICE
		owned vehicle was used a									PAID BY	REVOLVING F		UMBER
		med, and that I have mot t	requireme : "	nts as prescri	bed by SAM	Sections 075	0 0751 0752	2, 0753 and 0	1754		6	MC	7	74
/		The second secon		ľ	DATE	1 _1	SIGNATUR	-		ļ			DATE	
		į.			11/15	109					-		11/12	109
IGNATURE	OF TITL	C 100										I	DATE /	1
												1	1/23	09